

YOUTH SERVICES POLICY

Title: Secure Care Suicide Prevention	Type: Classification, Sentencing, and Service Functions
Next Annual Review Date: 03/10/2016	Sub Type: Medical/Mental Health Number: B.6.7
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References: ACA Standard 4-JCF-4D-07 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policy Nos. A.2.20 "Critical Incident Stress Management (CISM) Program", A.2.24 "Staff Development and Training Plan; and B.6.1 "Health Care"; OJJ/CCS Nos. C-10 (24 Hour Emergency Care), (C-31 Notification of Medical Management–Parent/Guardian, Serious Illness, Injury or Death), C-34 (Use of Restraints for Medical Care), and D-7 (Suicide Prevention and Intervention)	
STATUS: Approved	
Approved By: <i>Mary L. Livers, Deputy Secretary</i>	Date of Approval: 03/10/2014

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish guidelines for managing youth who are at risk for suicide and/or serious self-injurious behavior.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Director of Treatment and Rehabilitative Services, Health Services Director, Regional Directors, Facility Directors, Direct Care staff, and contracted Health Care Provider (CHP) medical/mental health staff.

IV. DEFINITIONS:

Authorization for Suicide Watch - A form used to initiate suicide watch precautions, to modify conditions of the watch subsequent to re-evaluation, and to discontinue the watch. This form contains information about how and where the youth shall be monitored.

Contracted Health Care Provider (CHP) - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

Direct Care Staff - Any staff in a position which routinely has direct contact with the youth population. This includes, but is not limited to, Juvenile Justice Specialists, teachers/vocational educators, food service workers, social workers, contracted staff, Counselors/Case Managers, and others as determined by the Facility Director.

Electronic Record Management Application (ERMA) - The electronic health record utilized by CHP at the YS secure care facilities.

Event Evaluation Form - A form used by contracted staff or the contracted Mental Health Director to evaluate all documentation during the evaluation process of a youth suicide attempt.

Health Services Administrator (HSA) – A contracted Registered Nurse (RN) assigned to administer health services at each secure care facility.

Juvenile Justice Specialist (JJS) - Provides security of youth and assist in application of clinical treatment in accomplishing the overall goal of evaluation and/or treatment of individuals judicially remanded to a YS secure care facility.

Medical Data Transfer Summary Sheet – An informational sheet used by the CHP to summarize a youth's medical condition, and note any special instructions when a youth is being transferred to another facility.

Mental Health Care Trained Personnel (MHTP) – Health care and/or YS staff who receive specific training in mental health duties, i.e. conducting intake screenings/appraisals, and whose work is reviewed by a QMPH.

Operations Shift Supervisor (OSS) - Responsible for a range of duties that support management in maintaining a safe, secure facility. Shift Supervisors oversee administrative and operational security activities during specific shifts; manage staff during each assigned shift; ensure adequate security coverage; lead count procedures; oversee the custody, supervision and control of secure care youth; manage frontline security staff; assist in controlling youth movement; assist in directing the use and issuance of keys, locks, and security equipment.

Single Occupancy Room - A suicide-resistant room in a designated safe area that is used to keep youth safe, while allowing the youth to calm himself with or without behavioral and/or medical intervention.

Suicide Assessment - A formal evaluation conducted by a MHTP, utilizing an objective screening instrument and clinical interview to assess self-harm risk monitoring requirements of a youth.

Suicide Watch Observation Sheet - A form used by Direct Care staff to document their observations of youth under suicide precautions.

Suicide Attempt – Self harming behavior inflicted because the individual intended to die.

Suicidal Behavior - Attempted suicides, suicidal gestures, some self-mutilations, intentional injuries to self, and developing a plan or strategy for committing suicide. Instances of self-mutilation and suicidal gestures must be classified as “suicidal behavior” because it is impossible for facility staff to know the youth’s true motivation. Suicidal behavior does not include tattooing or gang rituals involving scratching or cutting.

Suicide Gesture – Self-inflicted harm or threat of harm that is made to appear to be a suicide attempt, but without the individual’s intent to die.

Suicidal Ideation – Thoughts or ideas about ending one’s life.

Suicide Risk – A youth who is likely to engage in serious self-harm or suicide in the future.

Suicide Screening - An interview or questionnaire, generally conducted on intake to the facility, designed to determine whether an individual is currently experiencing thoughts, feelings, impulses, or actual plans to commit suicide.

A process of interviewing, questioning, observation or testing of youth about their mental health status or condition, behavior and review of prior admission records designed to identify youth who have a history or are at immediate risk of hurting or have a plan to hurt themselves. Suicide attempt history or present conditions requiring immediate attention are noted and necessary follow-up initiated. A suicide prevention screening shall commence upon notification of admission and completed before youth are assigned to a housing unit.

Suicide Watch – Suicide watch provided at a YS secure care facility are as follows:

- (1) *Constant Watch* - This watch consists of a youth being housed in the infirmary and observed at all times by Direct Care staff. Clothing, food containers, sharps, and property allowed are determined by the CHP mental health staff. Youth are allowed school work. *Constant Watch* is generally reserved for youth who are imminently at risk for suicide or

self-injurious behavior. Recent, potentially lethal suicide attempts would constitute a Constant Watch, as would an expressed intent to self-harm accompanied by a plan of significant lethality.

- (2) Close Watch - This watch consists of a youth being housed in a housing unit while being observed at staggered intervals by Direct Care staff. The level of participation allowed and property are determined by the CHP mental health staff.

Suicide Watch Folder – A folder established to maintain pertinent documents, i.e. the “Authorization for Suicide Watch” form and the “Suicide Watch Observation Sheet”. The folder shall be maintained and managed by OJJ Direct Care and CHP staff assigned to conduct the Suicide Watch.

Suicide Watch Master Log – A perpetual log maintained in the facility’s Control Center on which initiation, continuation, modification, and discontinuation of suicide precautions are listed. The evaluating MHTP is responsible for logging the initiation of precautions, and the results of each subsequent re-evaluation through discontinuation of precautions.

Suicide Watch Observation Sheet - A form used by Direct Care staff to document their observations of youth under suicide precautions.

Suicide Watch Room - A designated single occupancy, suicide-resistant room, in a designated safe area, that is used to keep youth safe during constant monitoring for suicide prevention, and provision of other necessary intervention for care.

Training Records Entry Completed (TREC) - The database used to track training hours of all YS employees.

Unit Head - Deputy Secretary, Facility Directors and Regional Managers.

Unusual Occurrence Report (UOR) – A form/document that must be completed by staff to report incidents or observations of events that may have an impact on any aspect of the agency. UOR forms shall be made available to all employees, working all areas at all times. Employees must complete and submit a UOR prior to the end of their tour of duty on the day the incident was observed or comes to the employee’s attention in any way. If a UOR form is not available, the employee must use any paper available to report the pertinent information. UORs can also be submitted by email in any format. (Refer to YS Policy No. A.1.14)

V. POLICY:

It is the Deputy Secretary's policy that YS and the CHP medical/mental health staff shall abide by the provisions of this policy, which sets forth the requirements of the Suicide Prevention Program in the YS secure care facilities.

Youth who are evaluated and determined to be at risk for suicidal behavior shall be placed on suicide precaution. There are two levels of suicide watch: Constant Watch and Close Watch. While any Direct Care staff may place a youth under initial suicide watch precautions, a MHTP shall be notified immediately and shall assume responsibility for all further decisions regarding suicide precautions including authorizing renewing, reducing or discontinuing suicide precautions.

VI. GENERAL:

- A. After being trained in the recognition of verbal and behavioral signs of suicidal ideation, all Direct Care staff shall be responsible for identifying behavior and/or verbalizations which indicate that a youth should be evaluated for risk of suicide.
- B. In addition to obvious indicators such as suicidal ideation and specific suicidal behavior or comments, Direct Care staff shall be concerned when a youth shows sudden changes in mood or behavior, bizarre behavior, or when the youth is experiencing a significant life stressor.
- C. Youth shall not be punished or disciplined for suicidal and/or self-injurious behavior.
- D. Medical/mental health restraints shall not be used for youth engaging in self-harm behavior unless specifically ordered by a MHTP/Physician, and only after less restrictive measures (i.e. staff presence, crisis Intervention techniques and verbal de-escalation) have failed; the failed interventions shall be carefully documented in the youth's medical record. The use of medical/mental health restraints in emergency situations is outlined in YS Policy No. C.2.6, and OJJ/CCS Policy No. C-34.

VII. PROCEDURES:

- A. Identification of Youth at Risk with Suicidal Behavior and/or Suicidal Ideation
 - 1. All direct admission youth, intra-system transfers, youth returning from escape status or admissions conducted after hours shall be screened for risk of suicide by the CHP using the "Intake Mental Health Assessment" form. The form shall be filed in the youth's electronic health record.

2. For youth who present concerns regarding the potential of self-harm following the direct admission screening, the CHP shall immediately evaluate the youth following notification by Direct Care staff. The CHP shall contact the on-call MHTP regarding the findings, and a course of action shall be determined.
3. Direct Care staff who identify youth with possible suicidal behavior shall immediately verbally notify the MHTP at the facility for an immediate evaluation. Direct Care staff shall maintain visual contact with youth until the MHTP or CHP nurse (if after hours) arrives. The MHTP or CHP nurse staff shall complete an "Authorization for Suicide Watch" form and document the findings of the assessment in the youth's medical record.

This "Authorization for Suicide Watch" form shall be used to guide placement on suicide precautions and for follow-up visits while the youth remains on precautions. The MHTP shall make recommendations regarding housing, property allowed and activities permitted, etc. on said form. The completed form shall be maintained in the youth's Suicide Watch Folder during the watch.

4. If the event occurs after hours, the CHP nurse shall contact the on-call MHTP to relay the results of the assessment. The MHTP shall determine a course of action, which MAY include activation of the suicide watch procedure and notification of the on-call contracted Psychiatrist.

The CHP nurse shall document the assessment results and the resulting plan of care in the youth's medical.

The MHTP shall document on-call activity in the youth's medical record on the following business day the MHTP is at the facility.

5. If the event occurs during regular business hours, the MHTP shall document the assessment results and the resulting plan of care in the youth's medical record prior to the end of his tour of duty.
6. If a suicide watch is required, the contracted Psychiatrist (at the facility or on-call if after hours) shall be contacted for any necessary orders. The youth shall be seen by the Psychiatrist on the next scheduled psychiatry clinic day.
7. For youth identified as having suicidal behavior, the following steps shall be taken:

- a. Direct Care staff shall prevent the youth from harming himself;
- b. Continuous uninterrupted visual supervision maintained by Direct Care staff until an additional Direct Care staff arrives to monitor the youth;
- c. The results of the MHTP assessment (to include plan of care) shall be relayed verbally to the appropriate Direct Care staff, as soon as a determination is made regarding the need or lack of need for activation of the suicide prevention protocol. Direct Care staff shall arrange for housing that affords suicide watch for the youth according to the level of suicide watch ordered;
- d. The MHTP shall immediately notify the Facility Director, the Director of Treatment and Rehabilitative Services, the Health Services Administrator (HSA), and the Regional Director when a youth is placed on Constant Watch status; and
- e. The youth shall receive documented daily follow-up visits by mental health staff.

B. Evaluation and Intervention for Youth Identified with Suicidal Behavior

There are two levels of monitoring for youth who are placed on suicide precautions: Constant Watch and Close Watch.

If it is the clinical opinion of the MHTP that Constant Watch is required, a CHP Physician shall be contacted to provide authorization for admission to an infirmary suicide watch bed. The CHP Mental Health Director, the Facility Treatment Director, the Facility Director, the appropriate Regional Director, and the facility's HSA shall be notified when a youth is placed on Constant Watch.

All changes to Constant Watch or Close Watch precautions shall be authorized by a MHTP, and documented on the "Authorization for Suicide Watch Form", as well as in the youth's medical record.

Any changes to Constant Watch or Close Watch precautions shall be documented in the "Suicide Watch Master Log" by the Group Leader and forwarded to the Facility Director, Deputy Director, Facility Treatment Director, main Control Center and the Regional Director.

1. Constant Watch - an observation level for youth at high and/or immediate risk of self-harm as determined by the MHTP. Such youth have communicated a desire to commit suicide and/or have demonstrated this by recently threatening, planning or attempting suicide, or by engaging in substantial self-injurious behavior.
 - a. The Direct Care staff shall monitor these youth continuously and without interruption, shall remain within six (6) feet [or two (2) arms lengths] of the youth at all times, and shall maintain direct visual (one on one) contact of the youth at all times.
 - b. The assigned Direct Care staff is not permitted to engage in other activities during that assignment. In order to maintain necessary alertness, the Direct Care staff shall be given appropriate rest breaks while the youth remains under Constant Watch by another Direct Care staff.
 - c. The youth shall be constantly observed and his behavior documented at 10-minute intervals on the "Suicide Watch Observation Sheet". The Direct Care staff appointed to this task shall have been trained in the suicide watch protocol prior to this assignment.
 - d. Constant Watch shall be performed in the infirmary's suicide watch room(s). If rooms with suicide resistant beds are not available, an alternative location for the Constant Watch shall be jointly identified by the Facility Director/designee, the contracted Psychiatrist, and the appropriate Regional Director. Property that the youth is allowed to have while on Constant Watch shall be documented on the "Authorization for Suicide Watch" form.
 - e. Youth on Constant Watch must be stepped down to Close Watch prior to discontinuing the watch.
2. Close Watch - an observation level for youth who have expressed suicidal thoughts, but are assessed to have no immediate plan or intent to engage in self-harm. (Refer to C. below for Close Watch Impact on Daily Activities.)
 - a. While a Direct Care staff may be assigned additional responsibilities during this watch, the youth shall always remain within the visual field and within 15 feet of the Direct Care staff. This shall require a minimum of two (2) Direct Care staff

members in the assigned housing unit or program area when a youth is placed on Close Watch. An assigned Direct Care staff shall immediately contact the MHTP (or contracted nursing staff if after hours) if emotional deterioration of the youth is observed.

- b. The youth shall be closely monitored for any signs of deterioration. Observations shall be logged on the "Suicide Watch Observation Sheet" on a staggered 15-minute schedule. When severe stress is identified (i.e. suicidal, ideation/homicidal, self-injury, safety concerns, etc.), the Direct Care staff shall immediately contact the Group Leader, the main Control Center and the MHTP (or contracted nursing staff if after hours).

C. Close Watch Status Impact on Daily Activities

1. **Housing Unit Staffing** - Close Watch in the youth's assigned housing unit or a program area shall require a minimum of two (2) Direct Care staff assigned to the unit/program area. If the required staffing is not available at the facility at any point during the Close Watch, the Facility Director, in conjunction with the HSA, shall determine a safe alternative placement at the facility for the Close Watch to occur until the required Direct Care staffing level can be established.
2. **Bed Assignment** – The youth shall be placed in a bed closest to the Direct Care staff. The youth shall not be allowed to go into the general youth bed area without remaining within 15 feet of constant visual view by the designated Direct Care staff. At no time shall the youth be allowed to move to another bed without authorization by the MHTP.
3. **Bathroom** – The youth shall use the bathroom with no other youth present. While in the bathroom, the Direct Care staff shall remain posted at the bathroom door, maintaining a visual field within 15 feet from the youth at all times. In areas where there are no partitions allowing for privacy, a female Direct Care staff assigned to monitor the suicide watch shall request a male Direct Care staff to observe the youth, if at all possible. If privacy is not possible, one (1) of the two (2) staff members assigned to the housing unit shall be a male Direct Care staff.
4. **Shower** – The youth shall shower first or last. There shall not be any other youth in the bathroom when the youth showers in order to prevent other youth from introducing contraband to the youth that may be harmful. The Direct Care staff process above regarding privacy during bathroom times is also required for showers.

5. **Recreation** - Prior to the youth being allowed to participate in any recreational activities, the MHTP shall discuss with facility staff any potential harm that may occur if the youth participates. If it is determined that recreation is appropriate, the Direct Care staff observing the youth shall remain within 15 feet of the youth at all times.
6. **School** - The Direct Care staff assigned to monitor the youth for suicide watch during the school period shall remain within 15 feet of the youth at all times.
7. **Movement** - During movement, the youth shall be placed at the rear of the line. The Direct Care staff shall be on the side of or behind the youth to ensure supervision.
8. **Dining Hall** - Youth shall receive meals first or last, and sit closest to the assigned Direct Care staff in order to prevent youth from other Housing Units making contact with the youth, and possibly introducing contraband to the youth that may be harmful.

D. Transferring Youth under Suicide Watch to another YS Secure Care Facility

1. If it is determined that a youth under suicide precautions needs to be transferred to another YS secure care facility, appropriate staff at the receiving facility shall be notified via telephone of the pending transfer of the youth and the youth's suicide precaution status.
2. The youth shall be transported under Constant Watch status. The appropriate MHTP shall modify the "Authorization for Suicide Watch" form to show the pending transfer and to add any conditions of the watch as needed.
3. The Suicide Watch Folder shall be forwarded to the receiving facility via the Direct Care staff transporting the youth.
4. The "Medical Data Transfer Summary Sheet" completed by CHP nursing staff shall include information about the youth being on suicide precautions in the "Medical Conditions/Special Instructions" section of the Summary.

E. Discontinuance of Suicide Watch Status

1. After the discontinuation of a suicide watch, a MHTP shall conduct a face-to-face evaluation of the youth within 24 hours, again at 72 hours, and again within seven (7) days after discontinuation of the watch to

assess adjustment back on the housing unit. The last follow-up visit may occur sooner than the seven (7) day time-frame, at which time the MHTP may decide to follow-up on more than three (3) occasions, if clinically indicated.

2. If the MHTP determines no further mental health services are needed after the follow-up evaluations are completed, this decision shall be communicated to the contracted Medical/Mental Health Director, who shall review the decision. The Medical/Mental Health Director shall then note agreement with the decision in the youth's medical record, or if in disagreement work with the facility Treatment Director to determine needed changes to the youth's treatment plan or consideration of placement on the SMI list.
3. If the youth has already been designated SMI and has engaged in a serious suicidal gesture or attempt, or has a history of more than two (2) suicide watches, the youth's "Mental Health Treatment Plan" shall be adjusted to include monitoring the youth for suicide potential in the future.
4. Discontinuance of a suicide watch shall typically occur during regular business hours Monday through Friday. Should an occasion arise in which a youth has been considered for release from suicide watch over a weekend, a verbal consultation shall occur between the facility's Treatment Director, the contracted Mental Health Director and the contracted Psychiatrist. The contracted Psychiatrist shall have the final determination about releases from suicide watches on weekends and holidays.

F. Transferring of Youth on Suicide Watch to a Community Facility

1. If the contracted Medical/Mental Health Director or the HSA (after consultation with the facility's contracted Psychiatrist), determine that a youth's mental health needs cannot be adequately met at the facility, necessary arrangements shall be made to transfer the youth to an appropriate community facility for more intensive mental health services.
2. The contracted Medical/Mental Health Director or the HSA shall inform the Facility Director, the Facility Treatment Director, the Director of Treatment and Rehabilitative Services, and the appropriate Regional Director of the need to transfer the youth to a community facility.

G. Release from Custody While on Suicide Watch

When a youth's release date occurs while the youth is on suicide precaution status (either Constant Watch or Close Watch), the following shall occur:

1. If the youth's release date is known in advance, the mental health/treatment staff shall consider the youth's need for ongoing treatment in the community in advance of the release date, to include possible need for involuntary commitment upon release.

If the facility's contracted Psychiatrist determines that the youth requires involuntary commitment upon release based on the youth's current mental health status and assessed risk for self-harm, the steps outlined in 4 below shall be followed.

2. If involuntary commitment is not considered necessary, the mental health team in cooperation with the Group Leader, Case Manager and the Facility Treatment Director shall determine the type of ongoing mental health care needed upon the youth's release, and shall work cooperatively to establish a comprehensive discharge plan. This plan shall be communicated to the youth's parent/guardian during planning and prior to release.
3. If YS is notified of an unexpected release date that falls in advance of a set release date, the contracted Medical/Mental Health Director shall immediately contact the contracted Psychiatrist for consideration of the need for involuntary commitment, based on the youth's current mental health status and assessed risk for self-harm. If the contracted Psychiatrist determines that involuntary commitment is necessary, the steps outlined in 4 below shall be followed.
4. The decision to pursue involuntary commitment or the determination that sufficient mental health services can be arranged for the youth at release shall be documented in the youth's medical record. The following staff shall also be notified of the decision to pursue involuntary commitment:
 - a. Youth's Case Manager;
 - b. Facility Treatment Director;
 - c. Facility Director;
 - d. Regional Director;
 - e. HSA; and
 - f. Director of Treatment and Rehabilitative Services.

5. The discharge plan shall be documented in the youth's medical record and provided to the youth's Case Manager, the Probation and Parole Officer (PPO/J), and the parent/guardian.

IX. INTERVENTION OF SUICIDE ATTEMPT IN PROGRESS:

- A. The first staff person on the scene of a suicide attempt in progress shall take action to stop the attempt while also verbally calling for assistance of any staff that may be within hearing range.
- B. In the event of a hanging attempt, the youth's body shall be supported and the Hoffman 911 (cut-down) tool shall be used to release the youth. The youth shall then be gently lowered to the ground. Staff members shall call for additional assistance using any available means. If indicated, CPR shall be initiated until CHP medical staff arrives. As with any medical emergency, every effort shall be made to stabilize and/or resuscitate a youth who has attempted suicide while emergency medical support is summoned for immediate transport if necessary.
- C. The second person on the scene of a suicide attempt shall contact the facility infirmary and main Control Center for emergency medical support, and assist with CPR/first aid until CHP medical staff assumes responsibility.
- D. Consistent with CPR/First Aid training, the 911 operator shall be immediately contacted.
- E. The CHP Nurse shall evaluate the youth and document results of the assessment in the youth's medical record to include findings and recommendations, if any.
- F. The CHP nurse shall notify the contracted Physician and the MHTP on-call.
- G. The Operations Shift Supervisor (OSS) shall be responsible for the following:
 - a. Ensure that security is maintained on the scene in order to preserve any evidence for an Investigation;
 - b. Notify the Facility Director, the Investigative Services (IS) office on the facility grounds, the Treatment Director, the appropriate Regional Director, the Director of Rehabilitation and Treatment, the MHTP, and other individuals as necessary.

- c. Verify completion of Unusual Occurrence Reports (UORs) from all YS and CHP staff involved in or a witness to the incident prior to the end of their tour of duty. (Refer to YS Policy No. A.1.14 for the UOR)
 - d. Ensure that the MHTP has been called to evaluate the youth.
- H. If medical needs cannot be met on the premises, the youth shall be transferred to a hospital or other treatment facility pursuant to OJJ/CCS Policy No. C-10.
- I. If a suicide occurs, the HSA and the CHP Medical/Mental Health Director shall be notified immediately, and the facility's Standard Operating Procedure (SOP) concerning post suicide shall be followed pursuant to OJJ/CCS Policy Nos. C-31 and D-7.

X. RISK MANAGEMENT FOLLOWING A SUICIDE ATTEMPT / COMPLETED SUICIDE

- A. If a youth's behavior is considered to be a suicide attempt, the MHTP shall immediately notify the following, regardless of the time of the incident:
 - 1. Psychiatrist;
 - 2. HSA;
 - 3. Facility Director;
 - 4. Facility Treatment Director;
 - 5. Regional Director; and
 - 6. Other individuals as jointly determined by the Facility Director, HSA and the appropriate Regional Director.
- B. If the youth is medically stable, the MHTP shall perform a full mental health assessment, including a mental status examination and document the outcomes in the youth's medical record.
- C. The MHTP shall interview any others who are at the facility at the time of the event to determine relevant information. The findings shall also be documented in the youth's medical record.
- D. The MHTP shall ensure that copies of all forms and documentation associated with the event be sent to the contracted Medical/Mental Health Director for review.

- E. The Psychiatrist shall perform a psychiatric examination at the facility or via telemedicine, with a full assessment documented in the youth's medical record, and shall inform the contracted Medical/Mental Health Director of the findings. The contracted Medical/Mental Health Director shall inform the HSA of the outcome of the assessment.
- F. A Critical Incident Review committee shall convene within 72 hours of the event at the facility to review details of any suicide attempt or completed suicide pursuant to YS Policy No. A.2.20. The committee shall consist, at a minimum, of the following individuals:
 - a. Contracted Director of Mental Health Services (chair);
 - b. HSA;
 - c. Contracted Psychiatrist;
 - d. Facility Director/designee;
 - e. Facility Treatment Director;
 - f. Responding MHTP;
 - g. Regional Director;
 - h. Director of Treatment and Rehabilitative Services;
 - i. Investigative Services Representative; and
 - j. Other staff as indicated in YS Policy No. A.2.20.
- G. The review shall include a review of the following:
 - a. The youth's status prior and subsequent to the attempt;
 - b. Mental health interventions with the youth prior to the attempt (if SMI designated);
 - c. Mental health status after the event;
 - d. Health care response; and
 - e. Direct Care staff response.

The committee shall make the final determination as to what type of suicidal behavior occurred (e.g., gesture vs. attempt).
- H. The contracted Medical/Mental Health Director shall collect all documentation regarding the event during the evaluation process, (e.g., "Accident and Injury Report", relevant UORs, "Authorization for Suicide Watch Form", emergency room reports if any, progress notes, etc.), and shall complete the "Event Evaluation Form" before the Critical Incident Review committee convenes. Copies of the "Event Evaluation Form" shall also be forwarded to the staff listed in F. above.
- I. Determinations to be made by the Critical Incident Review committee shall include the following:

- a. Whether established medical, mental health and custodial procedures were followed prior to, during and subsequent to the event;
 - b. Recommendations including modifying crisis management practices, policies and procedures, staffing patterns, and/or physical plant; and
 - c. Any ongoing medical and mental health needs of the youth.
- J. A narrative report of the Critical Incident Review committee's determinations with all pertinent documentation attached shall be prepared within two (2) working days of the committee meeting.
- K. The original of the report, with attachments, shall be forwarded to the staff listed in F. above.
- L. The HSA shall be responsible for taking action on the committee's findings as they relate to health/mental health care issues. Security and physical plant issues shall be forwarded to the Facility Director and the Regional Director for follow up.
- M. Critical incident debriefing services shall be provided to affected staff and youth in the case of a completed suicide. In addition, the statewide Critical Incident Stress Management (CISM) Coordinator designated by the Deputy Secretary shall ensure that the affected Unit Head/designee is provided appropriate CISM techniques pursuant to YS Policy No. A.2.20.

XI. DOCUMENTATION OF THE SUICIDE WATCH:

Requirements for the Suicide Watch Folder shall be as follows:

- A. Upon placing a youth on suicide watch, the MHTP shall establish a Suicide Watch Folder, which shall be maintained by the YS Direct Care staff assigned to conduct the suicide watch. The youth shall not be allowed access to the folder.
- B. The Suicide Watch Folder shall contain the following documents:
 - 1. The original of the completed "Authorization for Suicide Watch Form"; and
 - 2. The original of the "Suicide Watch Observation Sheet". (Multiple blank copies of the "Suicide Watch Observation Sheet" shall be placed in the Suicide Watch Folder when it is created.)

- C. During a suicide watch, a copy of each “Authorization for Suicide Watch Form” shall be forwarded to the infirmary for inclusion in the youth’s medical record. Copies shall also be maintained in the youth’s Master Record under Clip III.
- D. The Direct Care staff assigned to monitor the youth on suicide watch shall document the observations of the youth on the “Suicide Watch Observation Sheet”.

Documentation shall occur every 10 minutes for youth on Constant Watch status, and on a staggered schedule not to exceed 15 minutes for youth on Close Watch status.

- E. Additionally, at each assessment of the youth, the MHTP shall document any activity on the “Suicide Watch Observation Sheet” and in the youth’s mental health progress notes in ERMA.
- F. When the suicide watch is discontinued, the Suicide Watch Folder shall be returned to the infirmary by the MHTP who discontinues the watch for filing in the youth’s medical record. A copy shall also be maintained in the youth’s Master Record under CLIP III.
- G. The initial placement of the youth on suicide precautions, and each subsequent re-evaluation through discontinuation of the suicide watch, shall be documented by the MHTP on the “Suicide Watch Master Log”, which is maintained on an ongoing basis in the main Control Center. Main Control Center staff shall be responsible for distributing copies of the “Suicide Watch Master Log” containing the previous day’s entries to appropriate YS and CHP staff.

XII. STAFF DEVELOPMENT:

- A. All new staff shall receive pre-service and annual in-service training in suicide prevention.
- B. All staff shall receive pre-service training in basic first aid and cardiopulmonary resuscitation (CPR), along with annual refresher courses thereafter.
- C. CHP staff shall receive training in basic first aid and cardiopulmonary resuscitation (CPR).
- D. Suicide prevention training shall be conducted by trained social services staff and CHP medical staff.

- E. Direct Care staff shall receive training in the use of the Hoffman 911(cut-down) tool during pre-service and in-service annual training.
- F. All training received shall be collected and documented in the Training Record Entry Completed (TREC) database pursuant to YS Policy No. A.2.24.
- G. Contracted Medical/Mental Health staff shall receive two (2) additional in-service training sessions on suicide prevention issues, for a total of three (3) training sessions annually.
- H. The contracted Medical/Mental Health Director or Psychiatrist/designee shall conduct the training sessions, which may focus on case reviews, relevant readings and/or reviews of policy and procedure.
- I. OJJ Training Rosters for the additional in-service trainings for CHP staff shall be collected by the contracted Medical/Mental Health Director and submitted to the HSA for inclusion in the staff member's personnel record.

Previous Regulation/Policy Number: N/A

Previous Effective Date: N/A

Attachments/References: